

[Text on screen] presented by MTI Teleprograms Inc.

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In Need of Special Attention, copyright 1981

With Loretta Swit from the TV series M*A*S*H

[couple arguing]

[Loretta Swit] Hear that? A man and a woman are having a fight. Nothing unusual you say, all couples do it now and then, but do all men physically abuse women when they argue? Of course not. But the truth is many men do.

[slapping and screaming]

[Loretta Swit] There they go. He's taking her to see a doctor. It's close to midnight and that means they're probably going to an emergency department at a local hospital.

[car starting]

[Loretta Swit] Things are different now in emergency rooms. Years ago whenever they'd see a victim of domestic violence they wouldn't ask questions. They'd patch up the body and send it back to the home front.

Emergency departments aren't like M*A*S*H units. Unfortunately, however, there are some similarities. Let's talk a moment about trauma medicine.

I know all about the good intentions of doctors and nurses who see broken bodies, but victims of domestic violence are special cases. It's their hearts that are broken, as well as their bodies. And even though some of their wounds aren't visible, many times their very lives are in danger.

[couple registering at hospital]

[Clerk] Phone number where you can be reached during the day?

[Mr. Jones] 457-4412.

[Clerk] And you have an injured eye.

[Mr. Jones] Yeah. She was going into the kitchen and slipped on a rug and really took a tumble.

[Clerk] How did this happen? How long ago?

[Mr. Jones] An hour ago. I tried to get the swelling down, and I think I did, but I still wanted her to see a doctor.

[Clerk] Mrs. Jones, have you ever been seen in this hospital before?

[Mr. Jones] No! Oh, except once when she sprained her ankle.

[Clerk] I see. Please sit down. The nurse will call you.

[Loretta Swit] At one time the clerk might have accepted that story about falling down in the kitchen, but this emergency service has trained its staff to recognize victims of possible domestic violence.

See that woman over there?

[Loretta Swit] That's Sally Collins. She came in by herself because her husband works at night, and this is the only time she can leave the house to get help.

She told the clerk she's suffering from insomnia and general body fatigue. Her condition isn't like that one.

[injured patient on a stretcher]

[Loretta Swit] But the clerk is pulling her medical chart, and soon someone will discover that Sally is also a victim of domestic violence.

[medical file being reviewed]

[Nurse Adams] Look at this. Sally Collins.

[Doctor 2] Yeah, accidents over a three-year period.

[Nurse Adams] Slipped in the kitchen, banged into a door.

[Nurse Evans] And 10 months ago admitted for an overdose. Tranquilizers?

[Nurse Adams] No, sleeping pills.

[Nurse Evans] Oh, here's something from the psychiatric clinic. She was referred there after the OD admission and only kept one appointment.

Can you spend some time with her? Let me know if we need to call in Social Services?

[Nurse Adams] I've got two patients to see before her, but I'll see what I can do. Okay?

[Nurse Evans] Thank you.

[Nurse Evans] Mrs. Alice Jones. Tell me what happened to your head?

[Mr. Jones] She fell down.

[Nurse Evans] Where did you fall? How did it happen?

[Mr. Jones] We already explained that. She slipped on a rug in the kitchen. She's clumsy sometimes.

[Nurse Evans] I see. Would you come this way, please? Oh, I'm sorry, Mr. Jones, you'll have to wait here.

[Alice Jones taken into exam room]

[Mr. Jones takes a seat in waiting room]

[Nurse Evans] So, you slipped on the kitchen rug?

[Mrs. Jones] Uhh. [nodding]

[Nurse Evans] You must have taken quite a fall. And you hit your head? On what, a table?

[Mrs. Jones] I can't remember. I guess it was the table.

[Nurse Evans] Would you hold this please? Oh, good.

Were you excited, Mrs. Jones, or agitated?

[Mrs. Jones] What do you mean?

[Nurse Evans] Well, we all have accidents sometimes when we're upset. Did something cause you to fall?

[Mrs. Jones] No. I just fell.

[Nurse Evans] We see many women with injuries like yours, and sometimes those injuries are caused by someone hitting them. Is this what happened to you?

[Mrs. Jones] I don't know. Sort of. Yes.

[Loretta Swit] Mrs. Jones is ashamed to tell the nurse that her husband hit her. She also afraid of further violence if other people know. This fear is understandable and should be respected, but she's starting to realize that someone cares.

[Mrs. Jones] Jack gets so angry.

[Nurse Evans] And what happens then?

[Mrs. Jones] Well, he gets, you know, he gets physical.

[Nurse Evans] Does your husband hit you, or knock you down?

[Mrs. Jones] It usually starts with a push, and then ---

[Nurse Evans] Yes?

[Mrs. Jones] And then he hits me. [crying]

[Dr. Roth] Any ringing in the ears? Any pain or loss of hearing?

[Loretta Swit] The important thing is to provide some aspect of intervention at an appropriate moment.

Mrs. Jones is in crisis. This means she might be willing to consider some degree of change in her situation.

[Dr. Roth] I understand you've been through quite a bit of pain, but I'm glad you've started to talk about it all. Would you like to talk about this some more?

[Mrs. Jones] What do you mean?

[Dr. Roth] Ms. Evans here is needed with another patient, but we have other people on our staff who'd be happy to spend some time with you. Would you like that?

[Mrs. Jones] You mean right now, tonight?

[Dr. Roth] I'm going to send you down for some skull and orbital x-rays, and while you're down there I'll send for someone.

[Mrs. Jones] Well, okay.

[Dr. Roth] I'd like to give you some coffee or tea, but we better find out how bad that head injury is first before we let you put anything on your stomach.

[Mrs. Jones] Thank you doctor. Thank you very much.

[Nurse Evans] Hi, David? David, it's Pat Evans. Right?

[Loretta Swit] The nurse is phoning a staff social worker who's on 24-hour call. By the time Mrs. Jones gets back from x-ray, the social worker will be here to talk with her.

[Nurse Evans] Okay, thanks. See you soon.

[Loretta Swit] Nurse Adams is ready to see Sally Collins. Her medical records have suggested that Sally is in need of special attention.

[Nurse Adams] You're having trouble sleeping, Ms. Collins?

[Mrs. Collins] Uh-huh.

[Nurse Adams] Can you tell me more about it?

[Mrs. Collins] I just can't sleep. I go to bed and just lie there, or else, I don't know, I'm just too tired to fall asleep.

[Nurse Adams] That happens to all of us now and then. How else do you feel?

[Mrs. Collins] I get chest pains, and sometimes it's hard for me to breathe.

[Nurse Adams] What would you like us to do for you this evening?

[Mrs. Collins] I've got to get some sleep. I want you to give me some sleeping pills.

[Nurse Adams] That would be up to the doctor. He'll see you in just a few minutes.

[Mrs. Collins] Oh, all he's got to do is give me a prescription. Right? I mean, he will, won't he?

[Nurse Adams] He might. He'll need to talk with you first.

[Mrs. Collins] Talk? Why?

[Nurse Adams] Your medical history is very important. Sometimes we're not sure if sleeping pills are what you need.

[Mrs. Collins] Well, what do you mean you're not sure? [becoming agitated]

[Mrs. Collins] You're not me. You don't know what I need. I know. I've got to get some sleep or I'm going to go right out of my skull. Umm. Look, I just can't take it any more, you know. You know, and umm, you see, one of my kids is always sick, and, well, the other two, they just won't stay put in school where they're supposed to be, so I lost my job because of it.

[Nurse Adams] What about your husband?

[Mrs. Collins] Him? He don't care. He works nights and he wants it real quiet in the house during the day so he can sleep.

[Nurse Adams] What happens if you can't keep the children quiet?

[Mrs. Collins] What happens? All hell breaks loose, that's what happens.

[Nurse Adams] Sounds real horrible.

[Mrs. Collins] Oh, yeah.

[Nurse Adams] It really does. How do you manage as well as you do?

[Mrs. Collins] I don't. That's why I need some pills. Are you going to help me?

[Nurse Adams] We'll see.

[narrator walking down a hallway]

[Loretta Swit] It's difficult sometimes knowing what to do. Sally Collins didn't come to the emergency department with a bleeding wound to bandage, and the doctors and nurses can't force a victim of domestic violence to admit her situation. What they do is intervene by showing that they care.

Intervention doesn't necessarily mean to remove the victim from her home and stop the violence. Intervention also means asking the rights questions and introducing the possibility of change.

[Dr. Roth] I'm only going to give you two sleeping pills. That'll help you catch up on your sleep, then we'll see. And this is the number of the counseling service. Please give 'em a call. It will help you more than those sleeping pills will.

[Mrs. Collins] You think I'm crazy. I'm not crazy.

[doctor leaves]

[Sally Collins takes domestic violence information brochure]

[Loretta Swit] And this is intervention. You might think who would read a brochure with such a title,

[brochure titled, "Have you been beaten by the person you live with?"]

[Loretta Swit] But sometimes this is the only way to reach victims like Sally. She knows she's a victim and she also knows that she probably needs help. This brochure lists all the community resources that help victims of domestic violence.

[Sally Collins leaves in elevator]

Chances are the next time she shows up here, her attitude will be a little different, and that's intervention.

[Social Worker] It might help if we talk about it. Do you want to tell me what happened?

[Mrs. Jones] Well, I didn't really fall. I mean, I sort of fell.

[conversation in background]

[Loretta Swit] The social worker studies the woman for clues about her situation. Is she angry? Maybe she can constructively use her anger to make some changes in her life.

[Mrs. Jones] Sometimes I feel sorry for him, and sometimes I feel sorry for myself.

[Social Worker] When you feel sorry for yourself, can you tell me more? What do you tell yourself?

[Mrs. Jones] Mainly, that I probably said something to make him mad.

[Social Worker] Do you think he has the right to hit you if you make him angry?

[Mrs. Jones] Not really.

[conversation in background]

[Loretta Swit] Is she passive? The woman who shows very little emotion may cause the counselor to believe that she accepts her hurt as punishment for something.

[Mrs. Jones] This used to happen once every two or three years.

[Social Worker] And then, what?

[Mrs. Jones] So many things bother him now.

[Social Worker] Has your husband ever hurt you this badly before?

[Mrs. Jones] Yes.

[Loretta Swit] Is she depressed?

[Social Worker] How many times?

[conversation in background]

[Loretta Swit] Although the use of tranquilizers can be abused, severe depression might require some medical assistance, but giving tranquilizers is not enough. Professional follow-up care is essential.

[Mrs. Jones] Maybe twice.

[Social Worker] Do you have relatives or close friends who live nearby?

[Mrs. Jones] Well, I have a girlfriend, and then there's my sister.

[Loretta Swit] What are her circumstances at the moment? Is she in danger if she immediately returns to her home?

[Social Worker] Could you spend the rest of the night at either one of their homes?

[Mrs. Jones] Well, maybe. I don't know.

[Social Worker] Do you want to give one of them a call?

[Mrs. Jones] What would I say? They'd ask so many questions, and it's so late. How would I get there?

[Social Worker] We can send a police officer with you.

[Mrs. Jones] The police?

[Social Worker] If you believe you're in danger, it's your right to have an officer go with you.

[Mrs. Jones] But what about afterwards? My husband would get so angry. I'd never be able to go home.

[Social Worker] Mrs. Jones, your safety is what's important here. Besides, no matter how angry he gets, he simply doesn't have the right to hit you.

[Mrs. Jones] I know. I just don't know what to do about it.

[Social Worker] One of the first things you can do is to recognize that your husband's behavior will probably continue unless he gets some help. The next thing is to try and make sure this doesn't happen to you again. You have to start to protect yourself.

[Mrs. Jones] How?

[Social Worker] Well, you might have to [Mr. Jones sitting on waiting room couch] live apart from your husband for a while. Have you thought of that?

[Mrs. Jones] I don't understand.

[Social Worker] Most men who physically abuse their wives won't seek help on their own. They do it only after their wives leave them, or the court orders them to get help.

[Mrs. Jones] I don't know if I could do that.

[social worker and Alice Jones speaking]

[Social Worker] If your husband understands that he might lose you, Mrs. Jones, it might be enough to make him want to change. And this may require you to go to court to get a restraining order. You might also have to file criminal charges so that he'll understand how serious it is.

[Mrs. Jones] It's not that serious. he doesn't do it very often.

[Social Worker] Look, you say it doesn't happen very often, but what about next time? And you know there'll be a next time. Say he hits you again, just another quarter of an inch, you might lose your eyesight in that eye. You don't have to decide right this minute, but these are the choices you should think about. We can talk some more, if you like.

In the meantime, I'd like to take some photographs of your injury.

[Mrs. Jones] Why?

[Social Worker] Just in case you decide you want to use them in the future. Until you need them, they'll remain sealed in an envelope in your medical record.

[Mrs. Jones] Okay, as long as they're sealed.

[Social Worker] I just need your signature on this release.

[release signed and photos taken]

[narrator Loretta Swit walking outside]

[Loretta Swit] Violence among family members is more common than among any other people except during the times of wars or riots. That's a fact with statistical evidence. And not all family violence occurs between marriage partners. Child abuse is family violence, and so is the emotional and physical abuse of the elderly by their adult sons and daughters. It's not a pleasant topic. It never is. The thing is, you can help.

[narrator leaves in a Jeep]

[Credits on screen] Cast: Narrator: Loretta Swit, Mr. Jones: Timothy Blake, Nurse Evans: Judy Farrell, Mrs. Jones: Kaz Garas, Sally Collins: Bonnie Keith, Clerk: Sal Lopez, Triage Nurse: Jane Mason, Social Worker: Carmen Pecchio, Nurse Adams: Adrian Ricard, Dr. Roth: Nathan Roth, M.D.

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